

02/12/02  
U.S. PTO

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PTO/SB/05 (03-01)

Approved for use through 10/31/2002 OMB 0651-0032

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. CL1723 US NA

First Inventor Mark A. Scialdone

Title ANGIOGENESIS-INHIBITORY TRIPEPTIDES, COMPOSITIONS  
AND THEIR METHODS OF USE

Express Mail Label No. ET931353807US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross Reference to Related Applications
  - Statement Regarding Federally Sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 5 ] [Total Pages 38 ]
5. Oath or Declaration
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application. See 37 CFR 1.63(d)(2) and 1.33(b)
6.  Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. § 37(b) Statement  Power of Attorney  
(when there is an assignee)
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP)

Prior application information: Examiner \_\_\_\_\_

of prior application No. \_\_\_\_\_ / \_\_\_\_\_  
Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label



23906  
PATENT TRADEMARK OFFICE

or  Correspondence address below

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

State \_\_\_\_\_

Telephone \_\_\_\_\_

Zip Code \_\_\_\_\_

Fax \_\_\_\_\_

Name (Print/Type) \_\_\_\_\_

Inna Y. Belopolsky, Esq.

Registration No. (Attorney/Agent) \_\_\_\_\_

43,319

Signature \_\_\_\_\_

Date 12 February 2002

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

Applicant Claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 776)

Complete if Known	
Application Number	TO BE ASSIGNED
Filing Date	February 12, 2002
First Named Inventor	Mark Andrew Scialdone
Examiner Name	TO BE ASSIGNED
Group / Art Unit	TO BE ASSIGNED
Attorney Docket No	CL1723 US NA

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

 Deposit Account:

Deposit Account Number

04-1928

Deposit Account Name

E. I. du Pont de Nemours and Company

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1)			(\$ 740)

## 2. EXTRA CLAIM FEES

Total Claims	-20	Extra Claims	Fee from below	Fee Paid
22	-20	= 2	> 18	= 36
Independent Claims	1	= 0	x 84	= 0
Multiple Dependent	0		< 280	= 0

## Large Entity

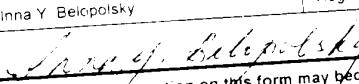
Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	18	210	9
SUBTOTAL (2)		(\$ 36)	

\*\*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)			
3. ADDITIONAL FEES	Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify)			
Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$ 0)

## SUBMITTED BY

Name (Print/Type) Inna Y. Belopolsky

Signature 

Registration No. Attorney/Agent

43,319

Complete (if applicable)

Telephone 302-992-4406

Date February 12, 2002

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